

## The Relationship Between Sense of Coherence and Post-Traumatic Growth in Breast Cancer Survivors: The Mediating Roles of Stress-Related Benefit Finding and Positive Changes in Attitudes Toward Life

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| E d i t o r                                                                                                                                         | R e v i e w e r s                                                                                                                                                                                                                                                                                                                                                                                   |
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| Hussein OMAR Alkhozahe <sup>1</sup><br>Professor, Department of Sociology,<br>Al-Balqa' Applied University, Salt,<br>Jordan<br>huss1960@bau.edu.com | <b>Reviewer 1:</b> Nadereh Saadati <sup>1</sup><br>Department of Couple and Family therapy, Alliant International University,<br>California, United States of America. mdaneshpour@alliant.edu<br><b>Reviewer 2:</b> Farideh Dokanehi Fard <sup>2</sup><br>Associate Professor, Counseling Department, Roudehen Branch, Islamic Azad<br>University, Roudehen, Iran. Email: f.dokaneifard@riau.ac.ir |

### 1. Round 1

#### 1.1. Reviewer 1

Reviewer:

In the participant description, the sentence “Participants were selected through convenience and voluntary sampling from among recovered individuals who had been at least three months beyond the active phase of breast cancer” requires clarification of the clinical meaning of “recovered.” Breast cancer survivorship is heterogeneous, and individuals may be disease-free while still receiving endocrine therapy, maintenance therapy, or follow-up care. The manuscript should define recovery operationally, specify whether participants had completed surgery, chemotherapy, and radiotherapy, report the minimum interval since completion of active treatment, and indicate whether patients with metastatic disease, recurrence, ongoing hormonal therapy, or persistent treatment-related complications were eligible. Without these details, the clinical comparability of participants cannot be assessed.

The inclusion criterion described as “complete physical recovery” is particularly problematic because it is clinically ambiguous and potentially unrealistic in breast cancer survivorship. The authors should explain who determined recovery, on the basis of what medical documentation or clinical criteria, and whether ongoing symptoms such as fatigue, pain, lymphedema, menopausal symptoms, or endocrine-therapy adverse effects were permitted. A more appropriate criterion may be completion of active primary treatment and medical stability rather than “complete physical recovery.” This issue is important because residual symptom burden may influence sense of coherence, attitudes toward life, benefit finding, and post-traumatic growth.

In the Findings section, the statement that “The skewness and kurtosis values for all variables and subscales fell within acceptable ranges, indicating approximately normal distributions” is insufficient to justify the assumptions of maximum-likelihood SEM. Univariate skewness and kurtosis do not establish multivariate normality. The authors should report the specific threshold used for acceptable skewness and kurtosis and, more importantly, provide an assessment of multivariate normality. If multivariate non-normality was detected, robust estimation or bootstrapped standard errors should be considered. The manuscript should also clarify whether the scores entered into SEM were item-level indicators, subscale composites, or total scores, because this directly affects distributional assumptions and parameter estimation.

Authors revised the manuscript and uploaded the document.

## 1.2. Reviewer 2

Reviewer:

The paragraph stating, “To reduce sampling bias, efforts were made to achieve a balanced distribution in terms of sex, age, and educational level,” needs substantial revision. Given that the study concerns individuals recovered from breast cancer, balancing by sex is conceptually questionable unless male breast cancer survivors were intentionally included; if so, the number and proportion of male participants should be explicitly reported. More importantly, convenience sampling cannot be rendered unbiased simply by attempting demographic balance. The authors should describe whether quotas or stratification procedures were actually used, provide the demographic distribution of the final sample, and avoid implying that demographic balancing eliminates selection bias or ensures generalizability.

The instrument description for the Sense of Coherence Questionnaire states that “Scores ranging from 29 to 87 indicate a weak sense of coherence... 88 to 145 indicate a moderate sense of coherence... and 146 to 203 indicate a strong sense of coherence.” The manuscript should provide an empirical or original-source justification for these categorical cutoffs. The SOC-29 is generally treated as a continuous measure, and arbitrary subdivision of the possible score range into three categories may not have validated clinical or normative meaning. If these thresholds were derived from a Persian validation study, that source should be cited; otherwise, the categories should be removed or clearly identified as descriptive rather than validated clinical classifications.

The Post-Traumatic Growth Inventory description contains an internal inconsistency that should be corrected. The Methods section states that the instrument includes “relating to others, with 7 items; personal strength, with 4 items; appreciation of life, with 3 items; new possibilities, with 5 items; and spiritual change, with 2 items,” which correctly totals 21 items, whereas Table 1 lists “Spiritual Change” as 3 items and “Appreciation of Life” as 2 items. This discrepancy affects both scoring and the credibility of the measurement model. The authors should verify the exact Persian version administered, correct the item counts throughout the manuscript and tables, and confirm that the observed variables used in SEM correspond to the validated subscale structure.

A similar and more substantial inconsistency exists for the Attitude Toward Life Questionnaire. The Methods section describes a “24-item” instrument containing four six-item components—meaning in life, purposefulness, acceptance of life, and positive attitude toward the future—with a total score range of 24–120. However, Table 1 reports “Attitude Toward Life (Total)” as a 20-item measure with only two 10-item subscales, “Positive Attitude” and “Hope for the Future,” and a score range of 40–100. These appear to represent different instruments or scoring structures. The authors must verify the exact questionnaire administered, provide the original source and validation details, and ensure that the number of items, subscales, score range, construct label, and measurement model are fully consistent throughout the manuscript.

The Stress-Related Benefit-Finding Questionnaire also requires verification because the Methods section describes the three components as “meaning finding, personal growth, and acceptance and adaptation,” whereas Table 1 operationalizes the construct as “personal growth, strengthening relationships, and change in attitude.” This discrepancy indicates either an inaccurate instrument description or use of a different factor solution in the present study. The authors should identify the precise version administered, explain whether the three-factor structure was established in a Persian validation study or derived from the current sample, and avoid switching subscale labels between sections unless a formal revalidation or factor-analytic procedure supports the change.

The Methods paragraph ends with, “Data were analyzed using SPSS for descriptive statistics and AMOS version 24 for testing the measurement and structural models.” This description is too abbreviated for a study whose central contribution depends on SEM. The authors should specify the estimation method, likely maximum likelihood, explain how missing data were handled, describe screening for univariate and multivariate normality, outliers, linearity, and multicollinearity, and report whether bootstrapping was bias-corrected and how many bootstrap resamples were used. If Mardia’s coefficient or other multivariate-normality statistics were examined, these should be reported. The statistical-analysis subsection should also explain the criteria used to interpret fit indices and indirect effects.

Authors revised the manuscript and uploaded the document.

## 2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.